

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service (DOS) 01/17/02?
 - b. The request was received on 07/12/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC-60
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Commission requested two copies of additional documentation via a Fee Letter (MR116) that was mailed to the Requestor on 07/31/02. The Requestor did not respond per Rule 133.307 (g)(3). Therefore, the Commission could not forward any additional documentation to the Respondent per Rule 133.307 (g)(4). The Carrier's initial response is reflected as Exhibit II of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: undated letter
"This claim is being appealed for procedure 72131 in the amount of \$740.00...According to the treating physician, the exam was ordered to further determine the proper course of treatment for this patient's condition."
2. Respondent: none submitted

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 01/17/02.
2. The carrier's EOBs have the denial, "N – NOT APPROPRIATELY DOCUMENTED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

| DOS | CPT CODE | BILLED | PAID | EOB Denial Code | MAR | REFERENCE | RATIONALE: |
|---------------|-------------|----------|--------|-----------------|----------|---|---|
| 01/17/02 | 72131-WP-22 | \$740.00 | \$0.00 | N | \$580.00 | Texas Workers' Compensation Commission Rule 133.304 (c) | Commission Rule 133.304 (c) requires EOBs to, "provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s). A generic statement that simply states a conclusion such as 'not sufficiently documented' or other similar phrase with no further description of the reason for the reduction or denial of payment does not satisfy the requirements of this section." The carrier's denial does not meet the requirement of the referenced Rule. Also, the carrier's small notation on the TWCC-60b would seem to be referencing the time frame set by the TWCC Treatment Guidelines regarding MRIs. The Treatment Guidelines expired on 01/01/02, prior to the date of service. Therefore, reimbursement of \$580.00 is recommended. |
| Totals | | \$740.00 | \$0.00 | | | | The Requestor is entitled to reimbursement in the amount of \$580.00. |

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$580.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of December 2002.

Larry Beckham
 Medical Dispute Resolution Officer
 Medical Review Division